

# FUNCTIONAL REQUIREMENTS MATRIX

Functional Category: Benefits Administration

**Vendor Response Codes:**

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Reference Number	Business Requirements	Vendor Response	Comments	Cost to Modify	Hours to Modify	Upgrade Impact
<b>Benefits Administration General Requirements</b>						
BA 1.00	Maintain benefit information for central State participants, K-12 school district participants, local government participants, and higher education participants, retirees, and certain former participants. Unless stated otherwise, requirements are applicable to all groups of participants.					
BA 2.00	Benefits administration must provide functional integration with at least the following system components:					
BA 2.01	Personnel Administration					
BA 2.02	Position Control					
BA 2.03	Budget Development					
BA 2.04	Payroll					
BA 2.05	Financial Information					
BA 3.00	In addition to the above listed human resource components that are integrated with participant Benefits, a number of State systems and internal and external organizations will be interfaced to the system:					
BA 3.01	Retirement system (CRIS)					
BA 3.02	UT					
BA 3.03	TBR					
BA 3.04	Local governments and school districts					
BA 3.05	Revenue					
BA 3.06	Treasury					
BA 3.07	TENNCARE					
BA 3.08	Worker's Comp					
BA 3.09	Center for Medicare and Medicaid services					
BA 3.10	Other external employers					
BA 3.11	Vendors					
BA 4.00	Provide information to third party administrators					
BA 4.01	utilization					
BA 4.02	demographic data					
BA 5.00	Allow system access by third party administrators for:					
BA 5.01	Resource planning					
BA 5.02	Update of deduction amounts					
BA 6.00	System tracks dependent					
BA 7.00	System tracks beneficiary information (including multiple beneficiaries per product)					

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BA 8.00	The system has the ability to enter and track dual and / or temporary changes in participant status and track the corresponding accruals					
BA 9.00	System should maintain complete benefits transaction history by participant (including history with multiple employers) and position					
BA 10.00	System must provide user defined multi-step workflow for all benefits administration events					
BA 11.00	System must meet requirements of COBRA					
BA 12.00	System must meet requirements of HIPAA					
BA 13.00	Benefit transactions may be retroactive, subject to user defined edits by transaction type					
BA 14.00	System must provide the ability to cancel transactions (rather than reverse and reenter) subject to user defined edit criteria and security					
BA 15.00	System must provide a flexible participant notification capability that allows the user defined content, rules for production, and distribution method (email or US mail). The fact that a notification was sent must be recorded in the participant history.					
BA 16.00	Copies of notifications should be sent to benefits administrator based on user option					
BA 17.00	System should provide ability to provide comments for participants, dependents, vendors, etc.					
BA 18.00	System must provide for user defined batch processing for various control purposes, such as:					
BA 18.01	Checking the validity of current eligibility information					
BA 18.02	Check for duplicate SSN's					
BA 18.03	Applying premium updates					
BA 19.00	The key participant Benefits volumes for the State are defined below. All volumes presented are approximate for the current fiscal year. The new system must provide for a minimum of ten years growth (5% per year).					
BA 19.01	Number of participants - 380,000					
BA 20.00	System to provide browser based participant self service capability for the following benefits administration functions:					
BA 20.01	Current benefits elections and costs					
BA 20.02	Explanation of benefit options					

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BA 20.03	Enrollment for all benefits (including insurance, retirement (multiple plans), etc.) for both employees and dependents consistent with eligibility rules defined in Benefits Administration					
BA 20.04	Maintenance of dependent information					
BA 20.05	Benefit package pricing worksheet (participant costs)					
BA 20.06	Benefit eligibility checking at time of enrollment					
BA 20.07	Enrollment options (e.g., cost of two party vs. family coverage)					
BA 20.08	Review of premiums paid and current premiums due					
BA 20.09	Link to third party administrators as appropriate to provide detailed information as appropriate.					
BA 20.10	Provide ability for non-employees (ex - COBRA participants and retirees) to use the self service capabilities with appropriate security					
BA 21.00	Ability to nullify transactions such that they do not appear in history with proper security (they will still be on the database for security reasons)					
BA 22.00	Benefits Administration control totals which identify changes to database dollar fields must match the appropriate accounting categories which are detailed in the entries made to the financial system					
BA 23.00	System should be compatible with Interactive Voice Response and TTY systems to allow participants to establish and modify specified enrollment information					
	<b>Benefit Plan Administration</b>					
BA 24.00	System supports various types of benefit plans, including, but not limited to the following:					
BA 24.01	Deferred Compensation (401k, 457)					
BA 24.02	Unemployment Insurance					
BA 24.03	Medical					
BA 24.04	Life/accident Insurance					
BA 24.05	Dental					
BA 24.06	Flexible spending accounts					
BA 24.07	Optional life/accident insurance					
BA 24.08	Long term disability					
BA 24.09	Short term disability					
BA 24.10	Savings Bond					
BA 24.11	Retirement					

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BA 24.12	Long term care					
BA 24.13	Medicare supplement					
BA 24.14	Wellness					
BA 24.15	Other - ( Employee Assistance Program)					
BA 25.00	System supports multiple versions of benefit plans. Plan versions are processed based on effective date.					
BA 26.00	System provides for cafeteria benefit plans and the specification of whether a particular benefit type (see above) is part of a cafeteria plan					
BA 27.00	System tracks demographic and enrollment data for analysis of specific plans					
	<b>Benefit Plan Eligibility</b>					
BA 28.00	System maintains multiple eligibility dates for different benefit plans based on different rules for the plan and the participant					
BA 29.00	System maintains eligibility rules by benefit plan with variables including:					
BA 29.01	Plan type					
BA 29.02	Group (Central state, K-12, local government, higher ed., other quasi-governmental agencies)					
BA 29.03	Required participant status for coverage					
BA 29.04	Geographic coverage					
BA 29.05	Waiting period					
BA 29.06	Minimum hours worked					
BA 29.07	Dependent coverage					
BA 29.08	Which dependents are eligible					
BA 29.09	Split coverage					
BA 29.10	Medicare eligibility					
BA 29.11	COBRA eligible					
BA 29.12	HIPAA requirements					
BA 29.13	Ability to enroll during annual enrollment (yes, no, only if in another plan)					
BA 29.14	Prior plan requirement (which plans qualify)					
BA 29.15	May continue on leave without pay					
BA 29.16	How long eligible after leave begins					
BA 29.17	May continue if disabled					
BA 29.18	Dependents eligible after participant death					
BA 29.19	How long eligible after participant death					

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BA 29.20	Reinstatable after return from leave without pay					
BA 29.21	Reinstatement period					
BA 29.22	Reinstatement rules after return from military leave					
BA 29.23	Continue after retirement					
BA 29.24	Employment status (full time, part time, etc.)					
BA 29.25	Job class					
BA 29.26	Effective date					
BA 29.27	Hire date					
BA 29.28	Age of employee					
BA 29.29	Age of dependents					
BA 29.30	Hours worked by period					
BA 29.31	Wage base					
BA 29.32	Chart of account fields					
BA 30.00	System provides for various types of enrollment consistent with eligibility rules, including:					
BA 30.01	Enrollment of new hires and rehires within a user defined period of hire date					
BA 30.02	Annual enrollment transfer period					
BA 30.03	Late enrollment with medical underwriting					
BA 30.04	Late enrollment due to HIPAA qualifying event					
BA 31.00	During the annual enrollment period, Insurance Administration needs to be able to reflect three status's for the insurance programs they administer:					
BA 31.01	"open" - in this case, employees may be enrolled in this program as of the effective date of the program. All normal processing may be done against "open" programs, including retroactive transactions.					
BA 31.02	"closed but active" - in this status, employees cannot be newly enrolled in the program after the close effective date, however all normal processing, including retroactive transactions may be carried out against the program.					
BA 31.03	"inactive" - inactive programs may not have any processing done against them.					
BA 32.00	Provide notifications to participants of benefit eligibility when eligibility begins or changes and as part of the annual enrollment process (email and letter)					

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BA 33.00	Provide notification to benefits administration that participant's eligibility is beginning or changing					
BA 34.00	System processes split eligibility (both spouses both work for the State) for certain types of benefits based on user defined options, including:					
BA 35.00	System must notify the 2 <sup>nd</sup> Party and their IP of the split cancellation.					
BA 35.01	2nd Party must also receive a remittance notice showing the additional amount owed.					
BA 35.02	IP handling the 2nd party must be informed so that they can increase the deduction for the next premium period and update their records concerning the 2nd party's coverage.					
BA 35.03	While processing split contract changes, if one of the split parties is terminating, system must prompt the screen operator to offer coverage for the terminating party as a dependent under the remaining party.					
BA 35.04	ERP Benefits Administration must provide IP's with the capability of viewing details about both "sides" of split contracts via on-line inquiry.					
BA 35.05	System must provide a transaction screen especially for split enrollment maintenance that will dictate the order in which split activity is processed and which properly edits all eligibility and relationship data for split contracts					
BA 36.00	System must support participants with dual eligibility (ex - State agency and local school district)					
BA 37.00	System prevents participants from being enrolled in a plan for which they are not eligible, with override capability for exceptions					
BA 38.00	System should provide for processing the following benefits eligibility events:					
BA 38.01	Establishment and maintenance of participant information					
BA 38.02	Activation of coverage for participant, spouse, and non-spouse dependents					
BA 38.03	Activation of coverage for survivors (former dependents of participants that are allowed to continue their benefits coverage)					
BA 38.04	Maintenance of beneficiary information for multiple products					
BA 38.05	Extended coverage of dependent					

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BA 38.06	Medicare eligibility					
BA 38.07	Initiation of COBRA processing when an individual's coverage is terminated due to a COBRA qualifying event					
BA 38.08	Evidence of insurability					
BA 38.09	Terminating/retiring participants					
BA 38.10	Termination of coverage for participant, spouse, and non-spouse dependents					
BA 39.00	System automatically generates letters to participants based on certain events such as:					
BA 39.01	Prior to 65 <sup>th</sup> birthday					
BA 39.02	Prior to dependent's 19th birthday					
BA 39.03	Prior to dependent's 24th birthday					
BA 39.04	Proof of continuing eligibility (receipt of proof, i.e. college transcript)					
BA 39.05	By semester for ages 19-25					
BA 39.06	Beginning and end of COBRA eligibility					
BA 40.00	System provides benefits enrollment verification indicating choices and associated information (i.e., levels of coverage, deduction amounts) to the participant					
BA 40.01	Email					
BA 40.02	Letter					
BA 41.00	System provides a chronological history of benefits elections					
BA 42.00	System processes eligibility of COBRA eligible individuals:					
BA 42.01	System allows for the tracking of COBRA eligibility based on user-defined criteria.					
BA 42.02	System should provide ability to establish appropriate qualifying events that will initiate COBRA processing, and should generate standard letters notifying participant of COBRA eligibility.					
BA 42.03	Extend COBRA eligibility due to disability					
BA 42.04	Prepare COBRA billings					
BA 42.05	Track COBRA payments					
BA 43.00	System must allow for dependent to become "head of contract" and track appropriate history					

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BA 44.00	ERP Benefits Administration must provide the capability for automated detection of expiration of insurance eligibility for employees on Leave Without Pay (currently, 24 months is the limit) and for timely advance notification to the employee. Three notifications need to be added, to let employees know about pending cancellation.					
BA 45.00	System should provide ability to monitor work location and residence address changes and trigger notification of those events effecting all insurance and eligibility.					
	<b>Benefit Plan Costs</b>					
BA 46.00	System should provide for the following financial processes associated with benefits administration, including:					
BA 46.01	Billing of direct premium payers for costs of group benefits					
BA 46.02	Remittance advices will be produced monthly for direct payment participants					
BA 46.03	Additional remittance advice will be prepared immediately if a payment is received that is insufficient to balance due					
BA 46.04	Direct bill participants should receive one invoice that shows amounts for individual coverages					
BA 46.05	Billing of State agencies for insurance for the entire group while maintaining individual eligibility					
BA 46.06	Billing of external agencies for insurance for the entire group while maintaining individual eligibility					
BA 46.07	Ability to set collection method for each payee, including: billed/check, ACH, external agency paid, State agency paid (STARS)					
BA 46.08	Online entry of cash receipts from direct premium payers (scanned data from Treasury or direct online entry)					
BA 46.09	If premiums or delinquent, the system will apply payments to the oldest balances first					
BA 46.10	Processing of prepayment of premiums					
BA 46.11	Returned payments due to insufficient funds					
BA 46.12	Calculation and processing of payments to benefit vendors					
BA 46.13	Electronic transmission of eligibility information to benefit vendors					
BA 46.14	Refund of insurance premiums to participants					
BA 46.15	Refund of insurance premiums to agencies					



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BA 46.16	Maintain separate record of premiums and fees billed, collected and outstanding					
BA 46.17	Forfeitures of FLEX amounts					
BA 46.18	Accounting entries must have the ability to track to individual participants					
BA 46.19	Integration of financial entries to the financial system					
BA 47.00	System must provide at least the following methods of calculating participant/participant/agency premium costs or contribution amounts:					
BA 47.01	Percentage					
BA 47.02	Flat amount					
BA 47.03	Wage type(s) to include in calculation					
BA 47.04	Wage as of date for calculations					
BA 47.05	Individual, individual or spouse, family					
BA 47.06	Pre or post taxable income calculation					
BA 47.07	Monthly limit					
BA 47.08	Annual limits					
BA 47.09	Age					
BA 47.10	Amount of coverage					
BA 47.11	Frequency					
BA 47.12	Group (Central state, K-12, local government, higher ed.)					
BA 47.13	Premium level					
BA 47.14	Benefit/product					
BA 47.15	Agency					
BA 47.16	Administrative fee					
BA 48.00	System must calculate costs based on effective date with more than one cost effective during a particular period (pro-rate)					
BA 49.00	System must collect employer portion of delinquent premium when employee portion is paid					
BA 50.00	System must provide the ability input specific premium amounts for any coverage for any period (override system calculated amount)					
BA 51.00	System must provide for deferral of premium costs if pay or premium paid is insufficient based on user defined option and duration					
BA 52.00	System must provide ability to automatically cancel participants insurance after user defined period of unpaid premiums					
BA 53.00	System must provide support for the refunding or applying overpayments					

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BA 54.00	System must provide for continued participant deductions when coverage cancelled if original election paid premiums from pre-tax wages. These must be accounted for properly and kept separate such that refunds are not made to participants					
BA 55.00	System provides the ability to track, refund, and apply excess funds to all transactions subject to user defined rules					
BA 56.00	System must provide the ability to apply retroactive changes, for example:					
BA 56.01	Adjust large groups of participants when rates change					
BA 56.02	Verify eligibility if eligibility rules change					
BA 56.03	Apply retroactive changes to a single participant					
BA 57.00	System accumulates benefit costs by:					
BA 57.01	Agency (organization at user specified level)					
BA 57.02	Bargaining unit					
BA 57.03	Benefit type					
BA 57.04	Plan					
BA 57.05	Vendor					
BA 57.06	participant					
BA 57.07	Other COA field					
BA 58.00	System maintains participant premium or contribution history and agency cost history on-line by:					
BA 58.01	Plan					
BA 58.02	participant					
BA 58.03	Vendor					
<b>Vendor / Contract Administration:</b>						
BA 59.00	System interfaces to and from vendor for:					
BA 59.01	Plan costs					
BA 59.02	Deduction amount					
BA 59.03	Enrollment eligibility					
BA 59.04	Utilization					
BA 59.05	Other user defined parameters					
BA 60.00	System must support payments (through financial system) to vendors for administrative fees					
BA 61.00	System must support payments (through financial system) to vendors for premiums					

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BA 62.00	System provides tracking of vendors compliance with contract performance guarantees					
BA 63.00	System must provide the ability to terminate coverage for all participants of an agency when the agency terminates coverage					
BA 64.00	System must provide the ability to terminate all coverage associated with a vendor that is being replaced					
BA 65.00	Provide the ability to retain program information when vendors are replaced					
BA 66.00	Provide the ability to transfer whole groups to new vendor coverage					
BA 67.00	System provides analysis and "WHAT-IF" capabilities for contract analysis purposes					
	<b>Reporting and Query Requirements</b>					
BA 68.00	The system will provide for online access to all participant, plan, and vendor data with appropriate security					
BA 69.00	System will include a flexible report writing capability that will allow reports to be formatted easily by user personnel					
BA 70.00	Ability to project and inquire on future premiums due by individual, group, etc.					
BA 71.00	System must produce State's current standard reports					
BA 72.00	System utilizes data from vendor for analysis of specific plans:					
BA 72.01	Costs by plan					
BA 72.02	Costs by benefit type					
BA 72.03	Costs by vendor					
BA 72.04	Utilization					
BA 72.05	Comparison reporting					
BA 73.00	Provide online participant information					
BA 73.01	Participant					
BA 73.02	Dependents					
BA 73.03	Benefit elections and dates					
BA 73.04	Hire date					
BA 73.05	Benefit history					
BA 73.06	Costs and contributions					
BA 74.00	Ability to name search on for head of contract and dependents					
BA 75.00	System tracks and monitor utilization of benefit plans by various criteria.					

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BA 76.00	Vendor reporting that provides the following functions on detailed and summary reports:					
BA 76.01	Plan participation					
BA 76.02	Plan revenues					
BA 76.03	State costs by vendor					
BA 76.04	Provide reporting for Agencies that provides the following on detailed and summary reports:					
BA 76.05	participant participation by plan					
BA 76.06	Costs by plan					
BA 76.07	Costs by organizational unit					
BA 76.08	Costs by benefit type					
BA 76.09	participants eligible but not participating					
BA 77.00	System prints mailing labels for:					
BA 77.01	All participants					
BA 77.02	participants within a given benefit plan					
BA 77.03	participants within a given benefit status					
BA 77.04	participants within a given Bargaining Unit					
BA 77.05	participants within a given job class					
BA 77.06	participants by residential and/or work locations					
BA 77.07	participants within a given Agency, by index, by location code					
BA 78.00	System provides reports reflecting eligible participants not enrolled in benefit plans.					
BA 79.00	Premiums due report produced on user request					
BA 80.00	Collections applied report					
BA 81.00	Audit excess report					
BA 82.00	Retroactive transaction report					
BA 83.00	Daily activity report					
BA 84.00	Monthly retroactive transaction report					
BA 85.00	Financial system detail report					
BA 86.00	Deferred revenue report					
BA 87.00	Monthly enrollment report					
BA 88.00	Cumulative refunds report					
BA 89.00	Split transaction report					
BA 90.00	Cancellation report					
BA 91.00	Bachus Counts by County					
BA 92.00	Daily certification report					

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BA 93.00	COBRA expiration report					
BA 94.00	COBRA participation without enrollment					
BA 95.00	COBRA retirees health enrollment					
BA 96.00	Dependent with six month's coverage report					
BA 97.00	Direct pay employee report					
BA 98.00	Employee turning 65 report					
BA 99.00	Employee total by program report					
BA 100.00	General services employee add list					
BA 101.00	On leave greater than twenty-three month report					
BA 102.00	Dependents turning 65 report					
BA 103.00	Total COBRA enrollments report					
BA 104.00	Collections clearing deferred revenue report					
BA 105.00	Daily fund audit report					
BA 106.00	Eligibility by budget code report					
BA 107.00	Enrollment by budget code report					
BA 108.00	Mismatched payment report					
BA 109.00	Grandfathered eligibility report					
BA 110.00	Monthly activity report					
BA 111.00	Certified/Uncertified by Vendor report					
BA 112.00	Monthly bad checks made good report					
BA 113.00	Annual premiums due report					
BA 114.00	Vendor report					
BA 115.00	Report listing participants that will have premium increases on the next cycle					
BA 116.00	Inquiry showing all excess amounts for a participant					
BA 117.00	Inquire of Flex forfeiture amounts					
BA 118.00	System produces rosters of participants in specific benefit plans in various sequences.					